

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Bob Barr Leadership Fund

ADDRESS (number and street)

900 Circle 75 Parkway, Suite 1280

☒Check if different
than previously
reported. (ACC)

Atlanta

GA

30339

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00340190

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

04

12

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 12

Write or Type Committee Name
The Bob Barr Leadership Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	9237.07
(b) Cash on Hand at Beginning of Reporting Period	9237.07	
(c) Total Receipts (from Line 19)	402.35	402.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9639.42	9639.42
7. Total Disbursements (from Line 31)	4580.85	4580.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5058.57	5058.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 12

Write or Type Committee Name

The Bob Barr Leadership Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	402.35	402.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	402.35	402.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	402.35	402.35

DETAILED SUMMARY PAGE

of Disbursements

4 / 12

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	4580.85	4580.85	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	4580.85	4580.85	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4580.85	4580.85	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4580.85	4580.85	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 12

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4580.85	4580.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4580.85	4580.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)

Capitol Hill Lists, LLC

Mailing Address 264 N Lumpkin St # 202

City

Athens

State

GA

Zip Code

30601-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.85

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: 00405.C176621

Amount of Each Receipt this Period

273.85

Other Receipt

NOTE: LRI Usual & Normal

B.

Full Name (Last, First, Middle Initial)

Capitol Hill Lists, LLC

Mailing Address 264 N Lumpkin St # 202

City

Athens

State

GA

Zip Code

30601-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.35

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Transaction ID: 00405.C176622

Amount of Each Receipt this Period

128.50

Other Receipt

NOTE: LRI Usual & Normal

SUBTOTAL of Receipts This Page (optional)

402.35

TOTAL This Period (last page this line number only)

402.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36002

City
Ft LauderdaleState
FLZip Code
33336-0001Purpose of Disbursement
See Below-No Itemization Necessary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00405.E2792

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

214.21

SEE BELOW-NO ITEMIZATION
NECESSARY**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36002

City
Ft LauderdaleState
FLZip Code
33336-0001Purpose of Disbursement
See Below-No Itemization Necessary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00405.E2793

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Amount of Each Disbursement this Period

149.99

SEE BELOW-NO ITEMIZATION
NECESSARY**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36002

City
Ft LauderdaleState
FLZip Code
33336-0001Purpose of Disbursement
See Below

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00405.E2794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

362.29

SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

726.49

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
The Bob Barr Leadership Fund**A.**Full Name (Last, First, Middle Initial)
Renaissance Hotels

Mailing Address 1 Marriott Dr

City Washington State DC Zip Code 20058-0001

Purpose of Disbursement
Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00405.E2800

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	0

Amount of Each Disbursement this Period

288.92

[MEMO ITEM]

MEMO: LODGING

B.Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 36002

City Ft Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
PAC Transaction Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00412.E2804

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Amount of Each Disbursement this Period

7.95

PAC TRANSACTION FEES

C.Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street, SE.

City Washington State DC Zip Code 20001-

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00405.E2798

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	1	0

Amount of Each Disbursement this Period

375.00

PAC MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

382.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Cbeyond Communications	Transaction ID: 00405.E2799 Date of Disbursement
Mailing Address 320 Interstate North Pkwy SE Ste 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30339-2205 Purpose of Disbursement PAC Telephone Candidate Name	Amount of Each Disbursement this Period <div>146.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC TELEPHONE
B. Full Name (Last, First, Middle Initial) Cbeyond Communications	Transaction ID: 00412.E2805 Date of Disbursement
Mailing Address 320 Interstate North Pkwy SE Ste 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30339-2205 Purpose of Disbursement PAC Telephone Candidate Name	Amount of Each Disbursement this Period <div>145.20</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC TELEPHONE
C. Full Name (Last, First, Middle Initial) Gentle Giant Moving Company, Inc.	Transaction ID: 00405.E2797 Date of Disbursement
Mailing Address 29 Harding St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 0</div> </div>
City Somerville State MA Zip Code 02143-4204 Purpose of Disbursement PAC Moving Expenses Candidate Name	Amount of Each Disbursement this Period <div>117.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC MOVING EXPENSES

SUBTOTAL of Disbursements This Page (optional)

408.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Gentle Giant Moving Company, Inc.

Mailing Address 29 Harding St

City Somerville State MA Zip Code 02143-4204

Purpose of Disbursement
PAC Storage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00412.E2814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

117.00

PAC STORAGE

B. Full Name (Last, First, Middle Initial)
Professional Data Services

Mailing Address 264 N Lumpkin St # 202

City Athens State GA Zip Code 30601-2742

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00412.E2802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

PAC COMPLIANCE CONSULTING

C. Full Name (Last, First, Middle Initial)
Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
PAC Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00405.E2790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

PAC BANK CHARGES

SUBTOTAL of Disbursements This Page (optional)

622.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 00405.E2791 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	1	0												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Bank Charges Candidate Name	<table border="1"> <tr> <td colspan="10">5.00</td> </tr> </table>	5.00																			
5.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAC BANK CHARGES																					
B. Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 00412.E2801 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	0												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Tax Payment Candidate Name	<table border="1"> <tr> <td colspan="10">1974.63</td> </tr> </table>	1974.63																			
1974.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAC TAX PAYMENT																					
C. Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: 00412.E2803 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">5.00</td> </tr> </table>	5.00																			
5.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAC BANK FEES																					

SUBTOTAL of Disbursements This Page (optional)

1984.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)

The Georgian Club

Mailing Address 100 Galleria Pkwy SE

City
Atlanta

State
GA

Zip Code
30339-3179

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00405.E2796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

129.00

PAC MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)

The Georgian Club

Mailing Address 100 Galleria Pkwy SE

City
Atlanta

State
GA

Zip Code
30339-3179

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00412.E2813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

129.00

PAC MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

258.00

TOTAL This Period (last page this line number only)

4382.77